

VILLAGE OF CARROLLTON  
80 SECOND ST SW, CARROLLTON, OH 44615  
330/627-7529 FAX: 330/627-3502

LANDLORD/TENANT REGISTRATION

NAME OF RENTAL COMPLEX (if applicable): \_\_\_\_\_  
TOTAL NUMBER OF UNITS: \_\_\_\_\_  
NAME OF LANDLORD/LEASING COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
NAME OF CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FID# (BUSINESS ENTITY OWNER) OR SS# FOR INDIVIDUAL LANDLORD: \_\_\_\_\_

**PLEASE COMPLETE A SEPARATE ENTRY FOR EACH UNIT.**

Address of Rental Unit: \_\_\_\_\_  
Name of Tenant(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Lease Origination Date: \_\_\_\_\_  
**If this is a reporting after lease termination, complete the following:**  
Termination Date of Lease: \_\_\_\_\_  
Forwarding Address of Tenant: \_\_\_\_\_

Address of Rental Unit: \_\_\_\_\_  
Name of Tenant(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Lease Origination Date: \_\_\_\_\_  
**If this is a reporting after lease termination, complete the following:**  
Termination Date of Lease: \_\_\_\_\_  
Forwarding Address of Tenant: \_\_\_\_\_

Address of Rental Unit: \_\_\_\_\_  
Name of Tenant(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Lease Origination Date: \_\_\_\_\_  
**If this is a reporting after lease termination, complete the following:**  
Termination Date of Lease: \_\_\_\_\_  
Forwarding Address of Tenant: \_\_\_\_\_